

Lesbian, Gay, Bisexual,  
Transgender, Queer Plus  
(LGBTQ+)  
Joint Strategic Needs  
Assessment

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Public Health  
LONDON BOROUGH OF LEWISHAM



# Contents

Introduction .....	3
National and Local Strategies .....	3
Facts and Figures .....	7
Current Activities and Services .....	22
Local Views.....	30
Initial Recommendations.....	31

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## Introduction

Research shows that the Lesbian, Gay, Bisexual, Transgender and Queer Plus (LGBTQ+) community experience a disproportionate burden of ill-health. [The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document](#) describes how there is a substantial body of evidence demonstrating that this population experience significant health inequalities, which impact both on their health outcomes and their experiences of the healthcare system. Furthermore, it is crucial to be aware that the relationship between sexual orientation and gender identity and health has often been overlooked by the healthcare system, and a lack of sexual orientation and gender identity monitoring in service provision and population level research means that there are gaps in understanding. Areas of inequality include but are not exclusive to sexual health (including HIV), mental health, social isolation and the (mis)use of alcohol, drugs and tobacco.

Before the 2021 Census, there was scant official data regarding the proportion of the population that identified as LGBTQ+, with the most commonly cited estimate for the proportion of the population that identify as Lesbian, Gay, Bisexual (LGB) as 5-7% and 1% identifying as trans<sup>1</sup>. However relevant questions were included in the latest Census questionnaire in 2021, for the first time. Within this Census, across England 3.1% of the population aged 16+, stated that they identified as either Gay or Lesbian, Bisexual, Pansexual or Queer. Whilst 0.55% of the same age group stated that their gender identity was different from their sex at birth. Both figures were higher in London than the national average.

Addressing the health issues affecting people who identify as LGBTQ+ is a key part of improving public health, as well as being a legal duty for all public bodies under the Equality Act 2010 as both sexual orientation and gender reassignment are protected characteristics within this legalisation.

## National and Local Strategies

### National Strategies

#### [Equality Act 2010](#)

Section 29 of the Equality Act (2010) prohibits discrimination in the provision of services on the basis of sexual orientation or gender identity. The Act states you must not be discriminated against because:

- you are heterosexual, gay, lesbian or bisexual
- someone thinks you have a particular sexual orientation (this is known as discrimination by perception)
- you are connected to someone who has a particular sexual orientation (this is known as discrimination by association)

In the Equality Act, sexual orientation includes how you choose to express your sexual orientation, such as through your appearance or the places you visit. The section below sets out key national strategies that relate to LGBTQ+.

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<sup>1</sup> Department of Trade, 2004

### [Public Sector Equality Duty 2011](#)

The Public Sector Equality Duty (2011) is a key part of the Equalities Act (2010). It places an obligation on all public sector organisations to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share protected characteristics and those who do not. Sexual orientation and gender identity are protected characteristics under Section 29, Equality Act (2010)

### [The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document/ The Lesbian, Gay, Bisexual and Trans Adult Social Care Outcomes Framework Companion Document](#)

The LGBT Public Health Outcomes Framework comprehensively maps outcomes relating to the wider determinants of health and wellbeing relating to LGBT people. It describes health inequalities experienced by LGBT people via various indicators and makes recommendations to reduce the gap in health and service use between LGBT and non LGBT populations.

### [LGBT Action Plan: Improving the Lives of Lesbian, Gay, Bisexual and Transgender People](#)

The LGBT Action Plan was launched in response to the results of the 2017 national survey of LGBT people. Some key health actions include:

- Improve gender identity services
- Improve mental healthcare for LGBT people focusing on suicide prevention.
- Enhance fertility services for LGBT people –revise legislation so single people can access legal parenthood after a surrogacy arrangement.
- Reducing HIV transmission, AIDs and HIV related deaths – NHS England will consider the impact of increasing PrEP trial further.

### [The Healthcare Equality Index \(Stonewall, 2015b\)](#)

Describes what a good LGBT- friendly healthcare organisation should look like and provides case studies of good practice. A good healthcare organisation;

- Has staff members who understand the needs of LGBT patients
- Provides clear sexual orientation equality messages
- Uses patients sexual orientation data to inform services
- Provides a service tailored to the needs of LGBT patients
- Works in partnerships with a range of partners in the public, private and third sectors
- Provides opportunities for LGBT patients to influence services
- Is part of the Diversity Champions programme
- Makes sure that LGBT people are treated fairly

### [The World Professional Association for Transgender Health \(WPATH\) - Standards of Care](#)

WPATH is an international multidisciplinary, professional association which promotes standards of care based on evidence and expert professional consensus. It details several aspects to the care of transgender people.

- Assessment and treatment of children and young persons with gender dysphoria
- Mental health
- Hormone therapy
- Reproductive health
- Voice and communication therapy
- Surgery

- Post-operative care and follow up
- Lifelong preventive and primary care

[The Five Year Forward View for Mental Health](#) highlights that people in marginalised groups, including LGBT+ have an increased risk of developing mental health problems. (The same document states that the community and voluntary sector provides a critical role in supporting groups that are currently poorly served by 'mainstream' services, including LGBT+).

[Public Health England Action Plan 2015-16: Promoting the health and wellbeing of gay, bisexual and other men who have sex with men](#)

[Supporting the LGBTQ+ population through COVID-19 and beyond](#)

The Health and Care LGBTQ+ Leaders Network, through the NHS Confederation has produced several recommendations in light of the health challenges of COVID-19 to ensure services and workplaces meet the needs of LGBTQ+ people. It notes that COVID-19 highlighted a unique set of health challenges facing the LGBTQ+ population. To recover and thrive beyond the pandemic, the way care is commissioned, designed and delivered must take into account the varying needs of those who identify as LGBTQ+.

Figure 1: The Six Overarching Recommendations



(Source: [NHS Confederation](#))

## Regional Strategies

### [London HIV Prevention Programme](#)

A London-wide sexual health promotion initiative. It aims to increase HIV testing and promote prevention choices to Londoners. Its main aims are delivered through three key elements:

- “Do It London” – multimedia communications on HIV for all Londoners, with specific campaigns targeted at the key at-risk groups of MSM and black African communities;
- Condom procurement, promotion and distribution; and
- Targeted outreach delivered via face to face and digital channels.

## Local Strategies

### [Provision for the LGBT+ Community in Lewisham Safer Stronger Communities Select Committee Scrutiny Review](#)

This report sets out the response to recommendations arising from the safer stronger communities review entitled: “provision for the LGBT+ community in Lewisham” Dec 2017. Of the twenty recommendations and responses detailed in the report, those pertinent to public health include;

- Councils ensure a specific joint needs assessment (JSNA) for the LGBT+ community.
- Councils to facilitate becoming the first London borough to achieve a ‘Pride in Practice’ award.
- That various national frameworks, research and reports can be reviewed by public health and other key departments to evaluate whether findings can be incorporated into Council policy. These reports have been specified in this document and the wider JSNA.

### [Lewisham Council’s Single Equality Framework](#)

As a public body, the Council’s primary role is to promote the social, economic and environmental well-being of the borough. Hence it has developed an equality framework with five equality objectives:

- To ensure equal opportunities for marginalised and seldom heard communities.
- To reduce the number of vulnerable people in the borough by tackling socio-economic inequality.
- To improve the quality of life of residents by tackling preventable illnesses and diseases.
- To ensure that services are designed and delivered to meet the needs of Lewisham’s diverse population.
- To increase the number of people we support to become active citizens.

Furthermore, the framework makes specific mention of ensuring equality in Lewisham should include working to ‘improve the quality of life of residents by tackling preventable illnesses and diseases’, including the below which are particularly pertinent to the needs outlined above:

- Improved mental health and well being
- Reduction in incidence of sexually transmitted infections
- Reduced alcohol and substance dependency

[Lambeth, Southwark and Lewisham Sexual Health Strategy 2019-24](#)

Both ‘STI and testing and treatment’ and ‘Living well with HIV’ are priorities in the strategy. MSM are also identified as a vulnerable group.

[South East London Integrated Care Strategy](#)

Each Integrated Care System is now required to develop an integrated care strategy. The timeline is currently that the SEL strategy will be launched in Spring 2023.

## Facts and Figures

### The LGBTQ+ Population in Lewisham

Just under 14,900 Lewisham residents stated that their sexual orientation was other than straight or heterosexual in the 2021 Census (6.1% of respondents). Table 1 (below) shows this data, along with figures for Lambeth and Southwark and the regional and national averages as proportions. It is of note that almost 10% of Lewisham Census respondents preferred not to answer this question, which is more than 2% higher than the England average. Unlike most questions in the Census form, this question was voluntary. The local response rate to the 2021 Census was 94%<sup>2</sup>.

Table 1: 2021 Census Responses to Sexual Orientation Question (%) - age 16+<sup>3</sup>

	<i>Straight or Heterosexual</i>	<i>Gay or Lesbian</i>	<i>Bisexual</i>	<i>Pansexual</i>	<i>Asexual</i>	<i>Queer</i>	<i>All other sexual orientation</i>	<i>Not answered</i>
Lewisham	84.12	3.00	2.33	0.51	0.06	0.17	0.06	9.75
Lambeth	82.67	5.31	2.25	0.45	0.07	0.12	0.05	9.07
Southwark	82.71	4.53	2.57	0.67	0.07	0.17	0.06	9.21
London	86.19	2.23	1.52	0.37	0.05	0.06	0.04	9.52
England	89.37	1.54	1.29	0.23	0.06	0.03	0.02	7.46

Table 2: 2021 Census Responses to Gender Identity Question (%) - age 16+<sup>4</sup>

	<i>Gender identity the same as sex registered at birth</i>	<i>Gender identity different from sex registered at birth but no specific identity given</i>	<i>Trans woman</i>	<i>Trans man</i>	<i>Non-binary</i>	<i>All other gender identities</i>	<i>Not answered</i>
Lewisham	91.36	0.42	0.18	0.17	0.17	0.08	7.62
Lambeth	91.78	0.39	0.19	0.15	0.11	0.09	7.29
Southwark	91.43	0.63	0.17	0.18	0.16	0.09	7.34
London	91.21	0.46	0.16	0.16	0.08	0.05	7.88
England	93.47	0.25	0.10	0.10	0.06	0.04	5.98

Data from the 2021 Census showed that 2,471 Lewisham residents stated that their Gender Identity was other than the sex they were registered at birth. This equates to 1.02% of the

<sup>2</sup> ONS

<sup>3</sup> Question 26 on the England 2021 Census form ‘Which of the following best describes your sexual orientation?’

<sup>4</sup> Question 27 on the England 2021 Census form ‘Is the gender you identify with the same as your sex registered at birth?’

local population which also agrees with previous estimates of 1% for gender variance.<sup>5</sup> Fewer people declined to answer this question compared to the question on sexual orientation, however there remained a higher response rate nationally, than the Lewisham figure.

### Experience of General Health Care Services

One in five lesbian, gay and bisexual patients reported that their sexual orientation is a factor in them delaying accessing health services<sup>6</sup>. E Within their [Prescription for Change](#) document Stonewall highlight how LGBTQ+ health needs are often overlooked:

*‘Lesbian and gay taxpayers fund 60,000 posts within the NHS. Yet with the marked exception of gay men’s sexual health, their specific health needs are almost invisible. Stonewall’s engagement with tens of thousands of lesbian and bisexual women across Britain in recent years suggests that their healthcare is particularly neglected’*

A further Stonewall document, LGBT in Britain: Health Report reports that ‘One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they’re LGBT.’<sup>7</sup>

The charity [Rethink Mental Illness](#) conducted their own survey research, which found:

- Of those gay and bisexual men who have accessed healthcare services in the last year, a third have had a negative experience related to their sexual orientation.
- Just a quarter felt that healthcare workers had given them information relevant to their sexual orientation.
- Only one in eleven found their GP surgery welcoming.
- Half of lesbian and bisexual women surveyed reported a negative experience of healthcare in the last year.
- Two in five found practitioners assumed they were heterosexual and were therefore not given appropriate advice
- One in five felt they had no opportunity to discuss their sexual orientation.

The National LGBT Survey conducted in 2017 included a section on access to healthcare. Respondents were asked, ‘*In the past 12 months, did being open about your sexual orientation with healthcare staff have an effect on your care?*’, 7.4% of respondents who answered this question (i.e. had disclosed their sexual orientation) believed it had a negative effect.

Respondents were also asked, about experiences whilst using/accessing healthcare services. Of those respondents who decided not to disclose their sexual orientation, 6% stated it was because they had a bad experience in the past.

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<sup>5</sup> Monitoring gender non-conformity - A quick guide, Gender and Identity Research and Education Society, 2015

<sup>6</sup> [Richardson, Jo. 2010](#)

<sup>7</sup> <https://www.stonewall.org.uk/lgbt-britain-health>

Table 3: Question from National LGBT Survey: 'In the past 12 months, did you experience any of the following when using or trying to access healthcare services because of your sexual orientation?'

Experience accessing/using healthcare services	Proportion of respondents
I avoided treatment or accessing services for fear of discrimination or intolerant reactions	4.8%
My specific needs were ignored or not taken into account	6.2%
Discrimination or intolerant reactions from healthcare staff	3.0%
Inappropriate questions or curiosity	7.2%

#### LGBT Foundation Patient Experience Survey (2021)<sup>8</sup>

Almost 1,000 people who identify as LGBTQ+ responded to the LGBT Foundation's survey in the summer of 2021 on their experience of primary care.

- Only 59% of respondents felt their GP met their needs as an LGBTQ+ person
- This fell to 50% of trans people
- Then fell again to 36% for non-binary people

Of particular significance for Lewisham, which is a borough with an ethnically diverse population, the survey found that across all primary care services, Queer, Trans and Intersex People of Colour (QTIPoC) respondents were six times more likely to have experienced discrimination or unfair treatment than white LGBTQ+ respondents.

Encouragingly LGBTQ+ people at Pride in Practice registered GP practices were 18% more likely to say that their GP met their needs compared to people at non-registered practices. LGBTQ+ people at Pride in Practice registered GP practices were 12% more likely to report a positive response when sharing their sexual orientation with their GP and more likely to report a very positive response when sharing a trans or non-binary identity with their GP.

Healthcare staff have also been recorded as saying discrimination is a real issue. In 2015, Stonewall published [Unhealthy Attitudes](#), a report on the treatment of LGBT people within health and social care services. The report was based on a representative sample of 3,000 health and social care staff about their experiences of issues relating to lesbian, gay, bisexual and trans healthcare and employment. It found that LGBT staff and patients continue to experience discrimination, abuse and bullying. Key findings included:

- Almost a quarter (24%) of patient-facing staff have heard their colleagues make negative remarks about lesbian, gay or bisexual people, or use discriminatory language whilst at work in the last five years. One in five (20%) have heard similar disparaging remarks about trans people.
- One in twenty (5%) patient-facing staff have witnessed other colleagues discriminate against or provide a patient or service user with poorer treatment because they are lesbian, gay or bisexual in the last five years.
- Almost six in ten (57%) health and social care practitioners with direct responsibilities for patient care, such as social workers, nurses and mental health workers, say they do not consider sexual orientation to be relevant to one's health needs.
- One in ten (10%) say they are not confident in their ability to understand and meet the specific needs of lesbian, gay or bisexual patients and service users.

<sup>8</sup> <https://drive.google.com/file/d/1-gFPdpjB8mfFtgdAti-4PH0pPB7fcow1/view>

- Almost a quarter (24%) are not confident in their ability to respond to the specific care needs of trans patients and service users.

### Inequalities

Currently 2021 Census data only gives a total count of residents in relation to the questions on sexual orientation and gender identity<sup>9</sup>. Therefore, it is difficult to know whether certain sub-sections of the LGBT+ population are disproportionately impacted by the health inequalities described above or any others. However the [LGBT foundation](#) have published a report on the LGBT population from a Black, Asian or Minority Ethnic group background within Manchester. It states that whilst the experiences of Black, Asian or Minority Ethnic group LGB people are under-researched, the evidence that is available indicates that inequalities are exacerbated for these communities, who experience stigma and discrimination in relation to both sexual orientation and ethnicity; and subsequently higher prevalence of poor mental health; higher incidence of HIV among MSM; higher prevalence of substance use; and are at higher risk of violence and hate crime.

These findings echo work by Meyer (2003)<sup>10</sup> and others who use the term 'minority stress', which describes the chronically high levels of stress faced by members of stigmatised minority groups. Minority stress may be caused by several factors, including poor social support and low socioeconomic status, but the most well understood causes of minority stress are interpersonal prejudice and discrimination, with an emphasis on the cumulative nature of these stressors. Therefore, it is particularly important to consider those residents who identify as multiple minority protected characteristics.

Further work has been published regarding ethnicity and the LGBT+ population, including research conducted by Stonewall in 2012<sup>11</sup> which also found differences in the proportion of different ethnic groups identifying as LGBT. 23% of Asian women described themselves as bisexual compared to 16% of white women and 8% black women, while 13% black men, 10% of Asian men and 10% of mixed and other ethnicity men described themselves as bisexual compared to 7% of white men.

The UK Longitudinal Lifestyle Survey<sup>12</sup> found that ethnic minorities are more likely to self-identify their sexual orientation as 'other' or select a 'prefer not to say' option compared to general population. The research found that these respondents were very likely to experience material disadvantage (e.g. experiencing poverty, being behind on bill payments, and being in receipt of benefits) although the researchers note that these results may mask the association between ethnic minority status and material disadvantage and so should be interpreted with caution.

A research report by the [Equality Network](#) in 2009 found that LGBT people from a minority ethnic background may often feel apart from, rather than a part of both their LGBT and ethnic communities, leading to isolation, low esteem, and confusion over identity. The

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<sup>9</sup> We await the publication of further publication of 2021 Census data which will allow us to understand further demographic information in relation to LGBTQ+ residents

<sup>10</sup> Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129, 674–697. doi: 10.1037/0033-2909

<sup>11</sup> <https://www.stonewall.org.uk/resources/ethnicity-%E2%80%93-stonewall-health-briefing-2012>

<sup>12</sup> <https://www.iser.essex.ac.uk/publications/working-papers/iser/2014-02.pdf>

report noted that some LGBT minority ethnic people “are put in a position where they feel that they do not belong to either the LGBT community or the [minority ethnic] community and are forced to express one part of their identity at the expense of the other.”

### *Young People*

#### National Youth Chances Survey (findings published in 2014)

Conducted by METRO, this survey sought to seek views of local commissioners, service providers and young LGBTQ people (aged 16-25) across the country.

For responses from commissioners, the survey found that there was little evidence of commissioning that responded to the specific needs of LGBTQ young people across the country. Respondents were asked what they saw as the most important local obstacles to improve commissioning of services for LGBTQ 16–25-year-olds. Broadly the responses fell into three categories:

- the difficulty of establishing new services at a time of both financial austerity and rapid change in NHS and local authority structures
- others simply referred to an embedded history of institutionalised or political neglect of, or hostility to, LGBT equality
- several respondents pointed to structural difficulties in properly assessing and prioritising the needs of this population

For service providers the main finding was that only a minority of areas of England appeared to have services addressing the specific needs of LGBTQ young people. Nationally funding was seen to be low, often from non-statutory sources. The main enablers identified were funding, access to specialist knowledge and understanding from committed LGBT individuals or LGBT organisations. The main obstacles identified were the lack of secure funding to maintain adequate provision, problems with access to schools and the low profile and priority of the needs of this population because of continuing homophobia in many areas. Most respondents thought that both specialist and mainstream services needed to work together and yet were sceptical that most mainstream services are currently sensitive to, or inclusive of, the needs of the young LGBTQ population.

The survey of young LGBTQ people, which received over 7,000 responses, found:

- LGBTQ young people experience higher levels of verbal, physical and sexual abuse, and fear of such abuse.
- Nearly 1 in 10 of LGBTQ young people (8%) have had to leave home for reasons relating to their sexuality or gender identity.
- Most young LGBTQ people feel that their time at school is affected by hostility or fear and most report that their school supported its pupils badly in respect of sexuality or Gender identity.
- LGBTQ young people report significantly higher levels of mental health problems.
- Trans young people face the greatest levels of disadvantage and discrimination, amongst the LGBTQ sample.

It was not possible to find robust studies regarding any other protected characteristic to consider in terms of inequalities. What was evident from the information presented above

was that in terms of the LGBTQ+ population itself, more data was available regarding the MSM/male gay population than other LGBTQ+ groups.

## **Sexual Health**

Sexual health is a crucial aspect of health and wellbeing for all residents but the LGBTQ+ population can be seen to be disproportionately impacted:

*'Our population: Black Minority Ethnic, Young People and Men who have Sex with Men remain at greater risk of poor sexual and reproductive health'*

[Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019–24](#)

### **Sexually Transmitted Infections (STIs)**

Nationally the number of STI diagnoses in MSM has risen over the past decade. The reasons for increases are understood to be complex<sup>13</sup>, Several factors may have contributed to this, including condomless sex associated with HIV seroadaptive behaviours and 'chemsex' (the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience)<sup>14</sup>.

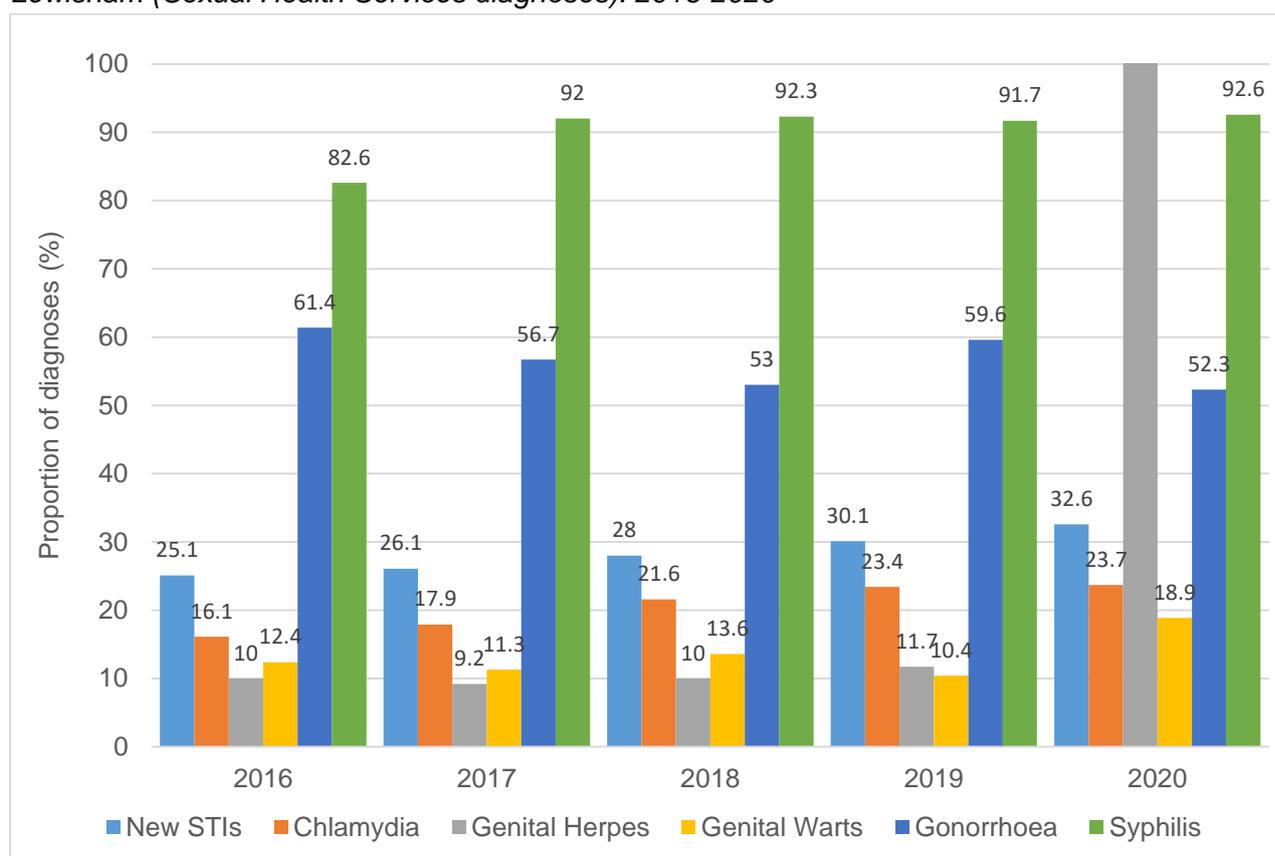
The Office for Health Inequalities and Disparities (OHID) produce annual data on sexual and reproductive health, including HIV, at local authority level via the SPLASH Report. The latest Lewisham report provides data up to 2020. Key findings include data for new STIs, which shows that for cases in men where sexual orientation was known, 32.6% of new STIs in Lewisham were among gay, bisexual and other MSM. This compares to 23.7% in England. This figure should also be considered in the context of the previous data which estimates that 5-7% of the population identify as LGB, yet for men, almost a third of new STI diagnoses are from this group. This emphasises the disproportionate sexual health burden for this group.

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<sup>13</sup> [Evidence of changing sexual behaviours and clinical attendance patterns, alongside increasing diagnoses of STIs in MSM and TSM | Sexually Transmitted Infections \(bmj.com\)](#)

<sup>14</sup> <https://pubmed.ncbi.nlm.nih.gov/31183609/>

*Chart 1: Proportion of new STIs (total and by types in MSM among all male diagnoses in Lewisham (Sexual Health Services diagnoses): 2016-2020*



(Source: OHID SPLASH Report, June 2022)

Chart 1 also shows that the proportion of new STIs varies considerably between specific infections. In 2020 all new detected cases of Genital Herpes were in MSM, whilst less than a fifth of genital warts cases were. Syphilis has continuously been significantly over represented in MSM, between 2017-2020, more than nine in ten new cases of syphilis were in MSM.

The SPLASH report also contains figures for reinfection with an STI, as this is a marker of persistent high-risk behaviour. During the five-year period from 2016 to 2020, in all Lewisham residents, an estimated 7.7% of women and 12.3% of men presenting with a new STI at a Sexual Health Service (SHS) became re-infected with a STI within 12 months. Nationally, during the same period, 6.7% of women and 9.6% of men became re-infected within 12 months. Although this data is for all Lewisham residents, regardless of sexual orientation, it is important to note that levels are higher overall in Lewisham, which is likely to be compounded for MSM who already see disproportionate STI infection levels.

The national HPV vaccination programme was extended to MSM in April 2018 and is expected to help reduce the incidence of genital warts and other HPV-related illnesses including cancers, though there may be a lag before benefits are observed in full. Local data on uptake is not currently available.

## HIV

Table 4 (below) shows data for Lewisham residents living with HIV by exposure group in 2016 and 2020. In both years, more than half of this group were exposed to HIV through sex between men and women.

*Table 4: Number of people living with diagnosed HIV by exposure group in Lewisham: 2016 and 2020*

	2016		2020	
	Number	%	Number	%
Sex between men	730	40.0	735	41.0
Sex between men and women	990	55.0	960	53.0
Injecting drug use	25	1.0	25	1.0
Other/Not known	75	4.0	100	6.0
Actual Total	1,814	100	1,807	100

Source: HIV and AIDS Reporting System (HARS)

In 2021, 33 Lewisham residents were newly diagnosed with HIV<sup>15</sup>. The rate of new HIV diagnosis per 100,000 population in Lewisham was 10.8, compared to 4.8 in England. However locally this is a significant decrease since 2015 when the rate was 41.4 per 100,000 population. Due to the relatively small number of newly diagnosed people in many local authorities, route of new transmissions is not routinely reported. However nationally in 2021, 36% of new HIV diagnoses were in men exposed through sex between men, 18% in exposed through heterosexual contact and 21% in females exposed by heterosexual contact<sup>16</sup>.

Late diagnosis is the most important predictor of HIV-related morbidity and short-term mortality. Although there is a disproportionate burden of HIV on MSM (in relation to the proportion of the population this group represents), the proportion of late diagnoses who are MSM has been falling locally (see Table 5 below).

*Table 5: HIV Late Diagnoses in gay, bisexual and other MSM first diagnosed with HIV in the UK - Lewisham Residents (count)*

Time Period	Total (count)	MSM (count)	% of Late HIV Diagnoses which were in MSM
2015-17	57	17	29.8
2016-18	49	18	36.7
2017-19	45	12	26.7
2018-20	49	14	28.6
2019-21	43	9	20.9

(Source: OHID Fingertips)

Data from OHID for 2021 also highlights that both nationally and locally, gay and bisexual MSM were more likely to be offered and accept a HIV test at specialist SHS than other attendees overall (87.8% compared to 67.5%) - Table 6 below. The proportion of MSM in Lewisham who had a HIV Test in 2021 was significantly higher than the London and

<sup>15</sup> This figure includes people who may already have been diagnosed outside of the UK

<sup>16</sup> <https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2022-report#new-hiv-diagnoses>

England average, with a notable improvement on 2020 figures. Repeat HIV testing for MSM was also significantly higher in Lewisham than the national average (in-line with the London average).

*Table 6: HIV Testing Coverage (%) - 2021*

	<i>MSM</i>	<i>All Women</i>	<i>All Men</i>	<i>Total Population</i>
<i>Lewisham</i>	87.8	57.6	79.5	67.5
<i>London</i>	82.3	41.4	72.0	54.3
<i>England</i>	77.8	36.6	62.8	45.8

(Source: UK Health Security Agency (UKHSA) via OHID Fingertips)

Any discussion of HIV must be given in context of the use of PrEP (Pre-exposure prophylaxis drugs to prevent the transmission of HIV), which is thought to have reduced new transmissions of HIV. However, PrEP may be associated with a reduction in the use of condoms and an increase in STI acquisition. We await figures on PrEP usage in Lewisham.

#### Female LGBTQ+ Population

The majority of LGBTQ+ data related to sexual health is focused on MSM. However, research shows that misinformation about risk can impact on LGBTQ+ women's sexual health, for example around need for cervical cancer screening<sup>17</sup>. Furthermore Stonewall in their [Prescription for Change](#) document describe how:

- Less than half of lesbian and bisexual women have ever been screened for sexually transmitted infections.
- Half of those who have been screened had an STI and a quarter of those with STIs have only had sex with women in the last five years.

#### Trans and Non-Binary Sexual Health

Amongst other NHS services, sexual health services are seen to be highly gendered<sup>18</sup>. Marginalisation in mainstream healthcare, can mean populations are mis or uninformed regarding sexual and reproductive health<sup>19</sup>. Such issues can lead to increases in health inequalities. Improved training for NHS staff has been proposed by a number of advocacy groups, including the LGBT+ Foundation.

#### Access to Sexual Health Services

The Government Equalities Office undertook a national LGBT Survey in 2017. The survey included questions on access to healthcare services. Almost three in ten respondents (28.5%) stated that they attempted to access sexual health services in the past 12 months. Of the total respondents 1.7% said their attempt was unsuccessful. This is a much smaller proportion that for mental health services (see Mental Health section below). There was a further question for those who stated they had difficulty accessing sexual health services.

<sup>17</sup> [LGBT Foundation](#)

<sup>18</sup> <https://www.transformingfuturespartnership.co.uk/healthcare>

<sup>19</sup> <https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/trans-people>

Table 7. Q. from LGBT Survey 'In the past 12 months, why was accessing sexual health services difficult?'

Barrier to accessing Sexual Health Service	Proportion of respondents
I did not know where to go	5.0%
My GP did not know where to refer me	1.5%
My GP was not supportive	2.4%
The services were not close enough to me	7.5%
I had to wait too long to access the services	12.6%
I wasn't able to go at a convenient time	13.1%
I was worried, anxious or embarrassed about going	7.1%

(Source: National LGBT Survey, 2017)

Of those who had accessed sexual health services in the last 12 months, only 4.2% stated that their experience was negative to some extent.

### Relationships

Whilst abusive and coercive relationships can affect people of all ages, genders, and sexualities some groups, including those that identify as LGBTQ+ may be at greater risk of experiencing abuse in a relationship<sup>20</sup>. The prevalence of domestic abuse in MSM is high: from the age of 16, 49% report experiencing at least one episode of abuse. The prevalence of abuse in transgender people is even higher; an estimated 80% report experiencing emotional, physical or sexual abuse from a partner or ex-partner. Despite this over half (53%) of lesbian, gay, and bisexual young people are never taught about homosexual sex and relationships issues at school.<sup>21</sup>

New government guidance was published in 2019 on teaching Relationships and Sex Education which makes specific mention of LGBT people for both primary and secondary schools. Since September 2021, all schools in England should have been following this guidance however there is concern that gaps still exist. The charity [Sex Education Forum](#), surveyed 1,000 young people aged 16-17 in Autumn 2021 and findings included:

- 22% of respondents rated the quality of their school RSE as 'bad or 'very bad'
- One in three (33%) didn't learn 'How to access local sexual health services' despite this being a basic, mandatory part of RSE.
- 37% reported learning nothing about 'Power imbalances in relationships'

### Sexualised Drug Use (Sometimes called 'Chemsex')

'Chemsex' refers to sex that occurs under the influence of drugs, most commonly crystal methamphetamine, GHB/GBL and mephedrone. Chemsex substances pose significant health risks and risks of overdose. Whilst it is broadly understood that certain groups within those who identify as LGBTQ+ are more likely to take 'chemsex' drugs<sup>22</sup>, the actual prevalence of 'chemsex' is difficult to state given varying definitions.

Local information indicates that the Lambeth, Southwark and Lewisham population of MSM are more likely to use drugs associated with chemsex than MSM elsewhere in London or

<sup>20</sup> [Lambeth, Southwark and Lewisham Sexual Health Strategy, 2019-2024](#)

<sup>22</sup> [Substance Misuse Services for men who have sex with men, 2015](#)

England<sup>23</sup>. Qualitative research in Southwark indicated an increased mental health risk (including low self-esteem) for those who partake in chemsex. Research participants also identified vulnerability and risky sexual activity as common concerns since maintaining control of behaviour and choices while under the influence of chemsex drugs may be difficult.

## **Mental Health**

Charity '[Rethink Mental Illness](#)' published a [review of studies on mental health issues in the LGBT+ community](#). It found the following:

- LGBT+ people are at greater risk of poor mental health and wellbeing
- LGBT+ people are at more risk of suicidal behaviour and self-harm than non-LGBT+ people.
- Gay and bisexual men are four times more likely to attempt suicide across their lifetime than the rest of the population.
- LGBT+ people are 1½ times more likely to develop depression and anxiety compared to the rest of the population.
- 67% of trans people had experienced depression in the previous year and 46% had thought of ending their life.

The above-described health inequalities are supported by the Stonewall publication [LGBT in Britain - Health](#), published in 2018, informed by a YouGov research project with 5,000 LGBT people across England. It found that:

- Over half of LGBT people (52%) said they had experienced depression in the last year
- Two thirds of trans people (67%) have experienced depression in the last year
- 70% of non-binary people had experienced depression in the last year
- Rates of depression are also higher among LGBT people who had experienced a hate crime based on their sexual orientation and/or gender identity (69%).
- This compares to the overall population average rate of 16.6% of people experiencing depression in the last year<sup>24</sup>

### *Transgender People*

Estimates for mental health inequalities within the transgender population are higher still.

The Trans Mental Health Study (2012)<sup>25</sup> indicated that transgender people:

- 88% had depression at some point in their lives
- 75% have had anxiety
- 53% have self-harmed
- 48% have attempted suicide.

The Gender Identity Research and Education Society ([GIRES](#)) further highlights that trans and gender diverse people face discrimination and associated problems with safety and mental health because of discrimination and prejudice.

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<sup>23</sup> [Lambeth, Southwark and Lewisham Sexual Health Strategy, 2019-2024](#)

<sup>24</sup> MIND

<sup>25</sup> McNeil J., Bailey, L., Ellis, S., Morton, J., Regan, M. Trans Mental Health Study (2012). Gender and Identity Research and Education Society, 2014.

### *Gay and Bisexual Women*

Research for the [Stonewall Prescription for Change](#) report found for lesbian and bisexual women:

- 20% have deliberately harmed themselves in the last year, compared to 0.4 per cent of the general population.
- 1 in 2 young lesbian and bisexual women (under the age of 20) have self-harmed compared to one in fifteen of teenagers generally.
- Five per cent have attempted to take their life in the last year and sixteen per cent of women under the age of 20 have attempted to take their life. ChildLine estimate that 0.12 per cent of people under 18 have attempted suicide.
- One in five say they have an eating disorder, compared to one in 20 of the general population.

### *Young People*

LGBT adolescents are also at greater risk for depressive symptoms and suicidal ideation compared with other adolescents.<sup>26</sup> Furthermore international medical research has found that young LGBT+ adults are more likely to show symptoms of eating disorders<sup>27</sup>.

### *Access to Mental Health Services*

The National LGBT Survey conducted in 2017, included a section on Mental Health services. Over three in ten respondents (31.2%) stated they had attempted to access mental health services in the last 12 months. 8% of respondents to the question, stated that their attempts were unsuccessful. Table 8 below gives information on what the barriers included:

*Table 8: Responses to 2017 National LGBT Survey Question. 'In the past 12 months, why was accessing mental health services difficult?'*

<i>Barrier to accessing Mental Health Service</i>	<i>Proportion of respondents</i>
I did not know where to go	12.2%
My GP did not know where to refer me	10.4%
My GP was not supportive	15.5%
The services were not close enough to me	10%
I had to wait too long to access the services	50.6%
I wasn't able to go at a convenient time	14%
I was worried, anxious or embarrassed about going	26.4%

A question was also asked, regarding how easy it was to access mental health services in the past 12 months. Almost three in ten (28.1%) of respondents stated it was not at all easy. Over a fifth (21.3%) of respondents who had accessed mental health services in the last 12 months, rated their experience as negative to some extent.

<sup>26</sup> Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. *Journal of Youth Adolescence*. 2009; 38:1001-14.

<sup>27</sup> Rethinking Mental Health quoting [discovery.ucl.ac.uk/id/eprint/10117551/1/Micali\\_nihms952230.pdf](https://discovery.ucl.ac.uk/id/eprint/10117551/1/Micali_nihms952230.pdf)

## **Substance Misuse**

As with sexual health and mental health, data on substance misuse shows a disproportionate burden on the LGBT+ population<sup>28</sup>. This is seen through higher levels of smoking, alcohol consumption and use of illegal substances.

The [UK Drug Policy Commission](#) conducted a review, published in 2010, of drug use in the LGBT population. It stated that:

- Drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or age
- Gay men report higher overall rates of drug use than lesbian women, largely due to higher rates of stimulant use such as amyl nitrite (poppers)
- Cannabis is the most used drug among lesbian women, rates similar to those reported for gay men
- A study of gay men who used steroids highlighted a wide range of associated physical and mental health problems
- 'Recreational' drug use is relatively high in the LGBT population, this is thought to lead to use of new drugs before they are widespread in the entire population

Other studies have also concurred, finding adult MSM are twice as likely to be dependent on alcohol compared with the rest of the male population and smoking rates are higher<sup>29</sup>.

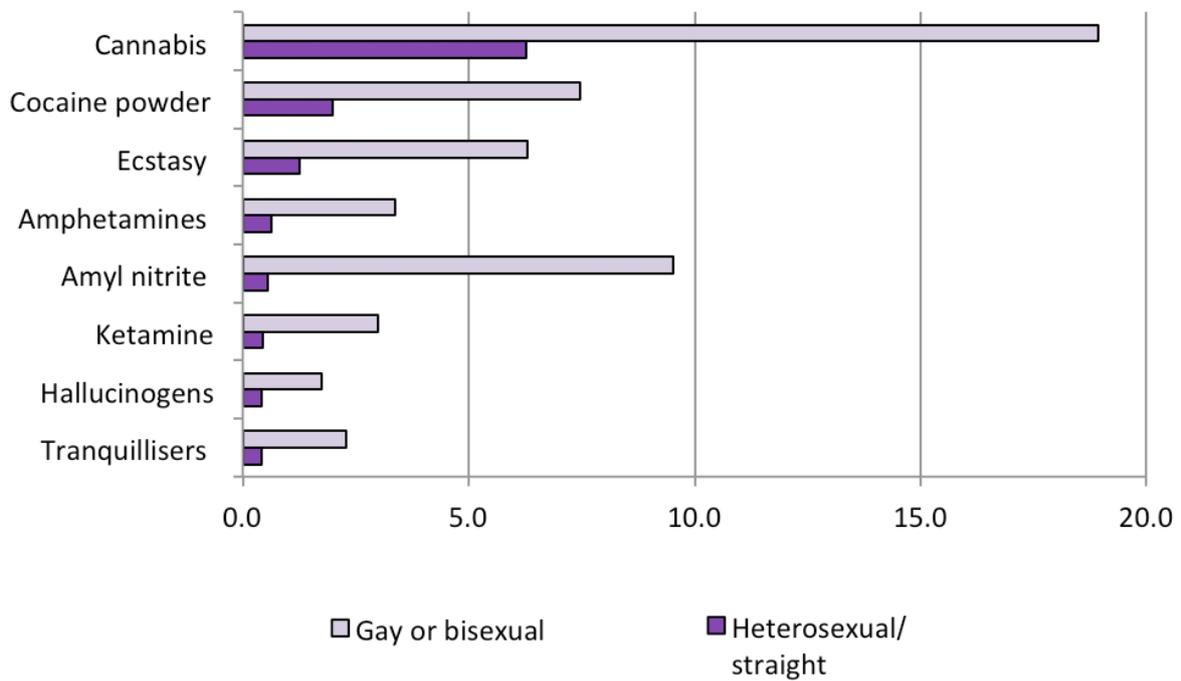
The Crime Survey for England and Wales is a household survey conducted on behalf of ONS to monitor the extent of crime in England and Wales. It includes data on illegal drug use. The most recent time period that analysis was published for drug use by sexual orientation was up to 2014. It showed much higher disclosures of drug use by survey respondents that identified as gay or bisexual than those who identified as heterosexual/straight (Chart 2 below).

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<sup>28</sup> Marshal, M.P., Friedman, M.S., Stall, R., & Thompson, A.L. (2009). Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. *Addiction*, 104, 974–981.

<sup>29</sup> King M, Semlyen J, See Tai S, et al. A systematic review of mental disorders, suicide and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 2008; 8 (70): 1-17.

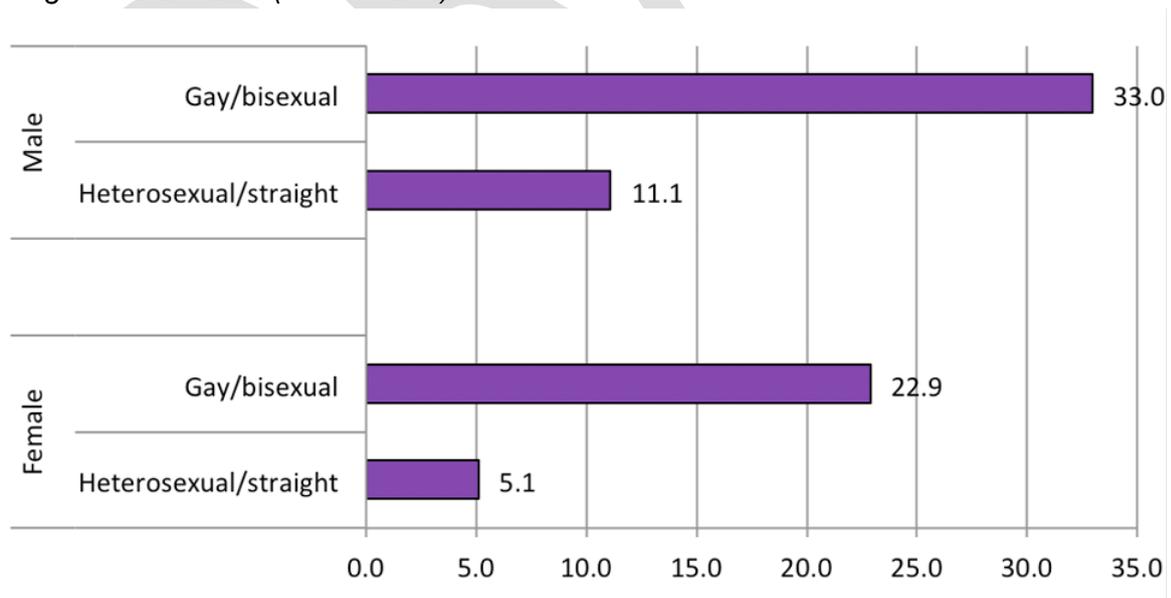
Chart 2: Illicit drug use in the last year among adults, by drug type and sexual orientation – England and Wales (2011 – 2014)



(Source: Crime Survey for England and Wales, 2011-14)

Chart 3 (below) further analyses overall illicit drug use by gender. Whilst both male and female gay or bisexual respondents were more likely than heterosexual/straight respondents to have used illegal drugs in the last year, male respondents were significantly more likely.

Chart 3: Illicit drug use in the last year among adults, by sexual orientation and gender - England and Wales (2011 - 2014)



(Source: Crime Survey for England and Wales, 2011-14)

The [Stonewall Prescription for Change](#) (2008) document supported this evidence but was also able to give a focus on gay women:

- Two thirds of lesbian and bisexual women have smoked compared to half of women in general.
- Just over a quarter currently smoke (national prevalence is 14%).
- Nine in ten lesbian and bisexual women drink and 40% drink three times a week compared to a quarter of women in general.
- Lesbian and bisexual women are five times more likely to have taken drugs.
- Over one in ten (10%) have taken cocaine, compared to 3% per cent of women in general.

A large research project, surveying over 4,000 LGB people was conducted between 2009 and 2011. Funded by the Big Lottery '[Part of the Picture: Lesbian, Gay and Bisexual People's alcohol and drug use in England](#)' gave four distinct findings, which again support the other presented studies:

- Across all age groups LGB people are much more likely to use drugs compared to the general population
- Problematic patterns of drinking are much more common among LGB people - binge drinking seen to be twice as common across all LGB groups
- LGB people demonstrate a higher likelihood of being substance dependent and show high levels of substance dependency (over a fifth of respondents scored as dependent on a substance)
- Significant barriers exist to seeking information, advice or help among LGB people

The national LGBT survey (2017) did not include any questions on Substance Misuse.

### **Health Protection**

*Mpox (previously known as Monkeypox)*

Mpox is a viral infection. It is related to smallpox but less severe. It can be transmitted through contact with bodily fluids, sores, blisters, or lesions on the skin or internally, for example, through contact in the mouth, throat, genitals or rectum. In recent times it is mainly being transmitted within sexual networks. There is much lower risk of transmission from respiratory droplets and contaminated objects<sup>30</sup>.

An outbreak of Mpox was first detected in the UK in May 2022 (however UKHSA subsequently identified a case dating from March). Almost all cases have been in networks of gay, bisexual, and other men who have sex with men (GBMSM), but there have been a small number of cases in women (predominantly still a result of sexual contact). Local authorities are not currently receiving data on the number of cases within their area.

UKHSA published its [strategy](#) for Mpox control in December 2022.

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<sup>30</sup> Terence Higgins Trust <https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/mpox-monkeypox-uk>

## COVID-19

The global pandemic impacted the entire population, however certain groups were seen to be impacted differently and disproportionately. The LGBT Foundation conducted research '[Hidden Figures: The Impact of COVID-19 Pandemic on LGBT Communities](#)'. It found that:

- 42% [of survey respondents] would like to access support for their mental health at this time
- 8% do not feel safe where they are currently staying
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse
- 64% said that they would rather receive support during this time from an LGBT specific organisation
- 16% had been unable to access healthcare for non-Covid related issues
- 34% of people have had a medical appointment cancelled
- 23% were unable to access medication or were worried that they might not be able to access medication

Although most COVID-19 restrictions are no longer in place, there still needs to be consideration of the long-term impact of any disproportionate burden the pandemic had.

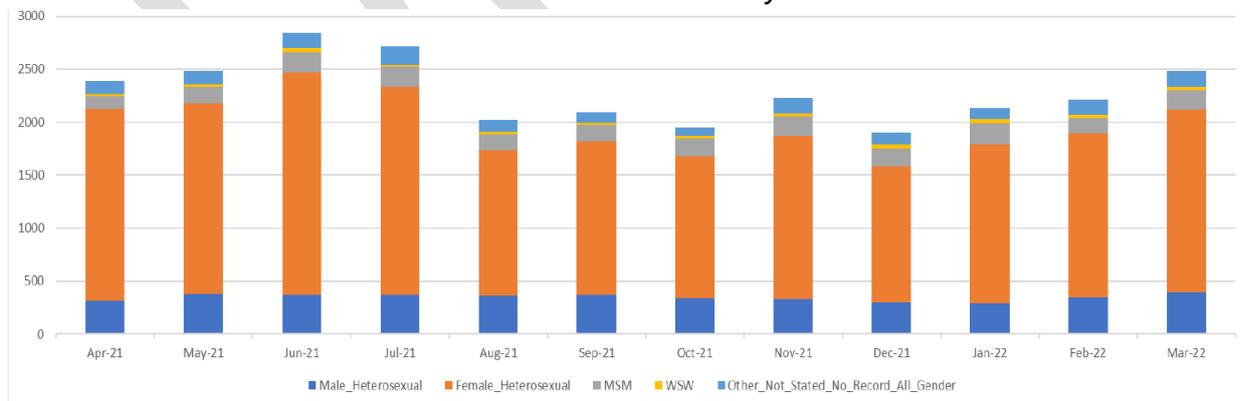
## Current Activities and Services

### Sexual Health

#### Sexual Health Clinics

There are currently three sexual and reproductive health clinics in Lewisham, offering a variety of opening hours across the week. The majority of clinic opening times are for walk-in services, however the Waldron Health Centre can offer appointments on certain days, as well as being open on Saturdays. The clinics provide contraception, as well as testing and treatment for sexual infections. Clinics are open to all ages, including those under 16. There is currently no specific LGBTQ+ sexual health clinic sessions in Lewisham.

*Chart 4: Service Use of Lewisham Sexual Health Clinics by Sexual Orientation*



(Source: LGT Sexual and Reproductive Health Commissioning Report, March 2022)

Chart 4 above illustrates that the vast majority of attendances at Lewisham sexual health clinics in 2021/22 were heterosexual females. However, MSM accounted for noticeably more attendances than women who have sex with women.

Figures on PrEP usage to be included at a later date.

### [CliniQ](#)

CliniQ is a holistic sexual health, mental health and wellbeing service for all trans people, partners and friends, available to Lewisham residents. As a trans-led team, CliniQ describe their service as a safe, confidential space for those who may not feel comfortable accessing mainstream services. Launched in April 2019, CliniQ has a weekly in-person service based at the Caldecot Centre, Kings College Hospital for sexual health, HIV testing, PrEP, HIV care and support, cervical cancer screening, hormone injections and hormone blood tests. Further wellbeing services are available on-line.

Service use data to follow.

### [Alexis Clinic](#)

The Alexis Clinic is University Hospital Lewisham's centre for treating outpatients and inpatients with HIV in a confidential, comprehensive and patient-centred manner. The department provides a wide range of services for adults aged 16 and over including:

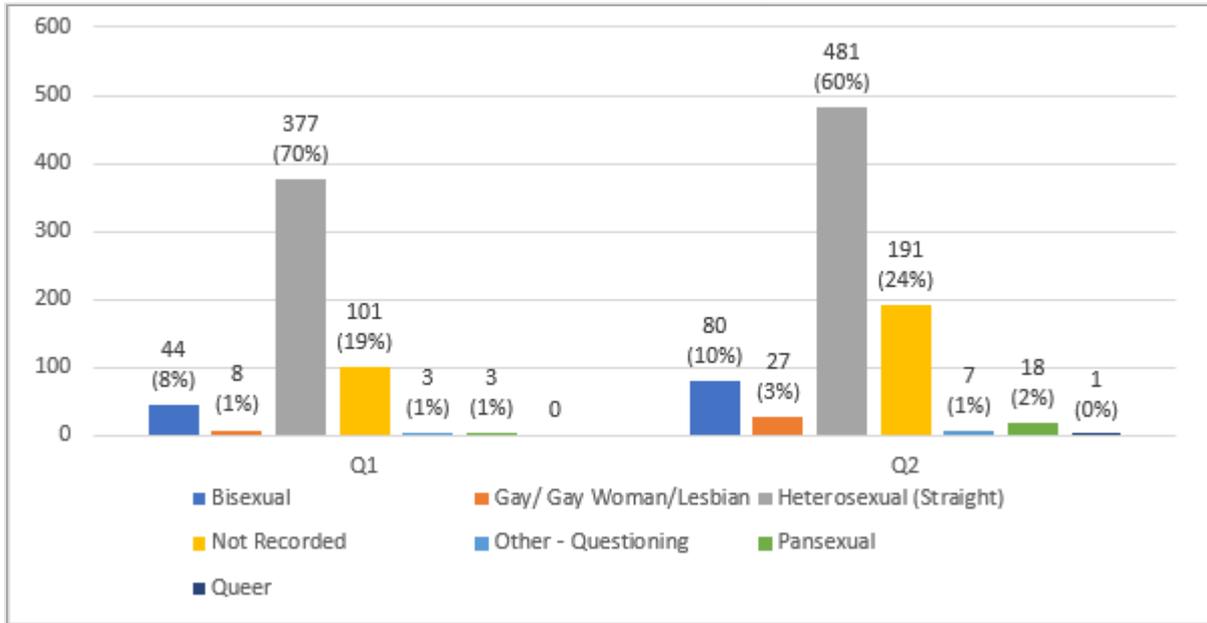
- Management and treatment of HIV and opportunistic infections led by a specialist consultant and clinical nurse specialists
- Specialist HIV/TB clinics
- Specialist pharmaceutical advice, medicines information and therapeutic drug monitoring. Confidential prescription dispensing, adherence support and HIV homecare delivery scheme
- Specialist nutritional advice from specialist dietitians
- Specialist antenatal care and specialist midwife led clinics
- Sexual health and contraception services for registered patients

In 2022 the clinic had 948 patients. There were only 10 patients where sexual orientation was not recorded. Whilst most patients identified as heterosexual, 20% identified as LGBTQ+.

### [Come Correct](#)

Free condoms are available in various locations including clinics, pharmacies and youth centres across Lewisham for young people aged under-25 for those who has registered for a card online. The service is provided by Brook.

Chart 5: Come Correct: Encounters in Q1 & Q2 2022/23 by Sexual Orientation



(Source: Brook, via Lambeth Sexual Health Commissioning Team)

Chart 5 above highlights that in the two financial quarters that data is provided for there is a significant proportion of encounters where sexual orientation is not recorded. This ranges from almost one in five encounters in Q1 2022/23, up to almost one in four encounters in Q2 2022/23. For the encounters where sexual orientation was recorded young people who identify as LGBTQ+ appear to be over-presented compared to % of the population that responded as LGBTQ+ in the 2021 Census.

### [Do It London](#)

Do It London is a regional HIV prevention service, which Lewisham, along with other London local authorities supports. Since 2015, Do It London has been promoting HIV testing, condom use, raising awareness of PrEP and Antiretroviral therapy (ART) for those who have had a HIV diagnosis.

Do It London is part of the wider London HIV Prevention Programme (LHPP). The programme is funded by London boroughs and managed on their behalf by Lambeth Council. The LHPP also provides a free condom distribution, outreach and rapid HIV testing service for men who have sex with men (MSM). This service is delivered by GMI Partnership and Freedoms.

### [Sexual Health London \(SHL\)](#)

All Lewisham residents have access to the SHL e-service, an online STI testing and results management service that is provided by Preventx. The e-service is for residents of participating London boroughs aged 16 via samples collected at home. The performance reports for this service do not include sexual orientation or gender identity information therefore it is not possible to report on service use by either of these protected characteristics.

## METRO

METRO is a leading equality and diversity charity providing health, community and youth services across London and the south-east, with some national and international projects. METRO promotes health, wellbeing and equality through youth services, mental health services and sexual health (including HIV services) and works with anyone experiencing issues related to gender, sexuality, diversity or identity. Several services are run for Lewisham residents.

## Positive People's Network (PPN)

PPN is a support network for people living with HIV in Lambeth, Southwark and Lewisham. Support includes one-to-one peer mentoring and support groups for people living with HIV. All the network's peer mentors have lived experience navigating a HIV diagnosis. Monthly groups are held for gay and bisexual men, young people and families living with or affected by HIV, men and women from Black African and Black Caribbean backgrounds, and different faith groups. Since the pandemic services are delivered in a hybrid manner, with some activities happening face-to-face and others online.

Aims of the network include:

- Meeting others living with HIV and combating isolation
- Getting emotional support from other people living with HIV
- Improving physical and emotional health
- Learning more about living with HIV

In Quarter 2 of 2022/23, PPN supported 38 new clients. Approximately 50% identified as male and 50% as female. 14 of the 38 new clients (more than a third) identified as LGBTQ+.

METRO also provide support across Lambeth, Southwark and Lewisham for families living with HIV.

## Mental Health

There are a range of mental health services on offer for Lewisham residents. These include services delivered by voluntary and community sector organisations (both commissioned and non-commissioned), by primary care, by community mental health teams, and in hospitals. The largest provider of services is SLaM, where there is no specific LGBT+ service user forum. SLaM produce a Trust wide [equality report](#) which provides data on the proportion of service users whose sexual orientation is recorded. The 2021-22 report states very low levels of recording (Table 9 below). This limits the ability to analyse clinical activity and outcomes by sexual orientation as less than 10% of inpatient service users had their sexual orientation recorded, and just over 10% of community and outpatient service users were recorded.

*Table 9: Recorded Sexual Orientation Data of patients aged 16+ - SLaM 2021-22*

Sexual Orientation	Inpatients	Community and Outpatients
Bisexual	0.2%	0.5%
Gay or Lesbian	0.9%	1.0%
Heterosexual or Straight	5.7%	8.9%
Other sexual orientation not listed	0.2%	0.1%
Prefer not to say	0.1%	0.1%
Unknown	93.0%	89.4%

In terms of experience of services when questioned on involvement in care, transgender services users were less likely to report an overall positive experience than cisgender service users (74.5% compared to 88.3%). Transgender service users also answered less positively for questions on 'User involvement in care experience'; 'Service user satisfaction of the environment and facilities'; 'Care and treatment suited to their needs' and 'Satisfaction with staff communication'.

CliniQ (see above) supported SLaM to engage with trans and non-binary service users in their [Aiming High: Changing Lives strategy](#) development and the ongoing review of their clinical policy on this. This strategy makes a commitment for the Trust to be an advocate for marginalised groups including trans people. There was acknowledgement that there is a lack of trust from the Trans community and the NHS due to language used such as mis-gendering and other issues. Trans service users also commented that seeing staff that represent them is important to being an inclusive employer. Work is ongoing to fulfil the strategy's this commitment, including work focussed on making SLaM's own services more LGBTQ+ inclusive.

Although not directly service user related, SLaM have recently relaunched their LGBTQ+ Staff Network. Efforts have been made to encourage more people to join, focusing on making the forum a safe place. The staff survey will have a question on gender identity going forward.

SLaM have also been working with Mabadiliko CIC in Lewisham, supporting people who identify as LGBTQ+ and from an ethnic group other than White. This work will follow.

#### [Lewisham Talking Therapies \(part of IAPT\)](#)

Lewisham Talking Therapies offers a range of free and confidential talking therapies and specialist support to help reduce depression and anxiety symptoms. They offer a range of short-term psychological therapies to adults 18 years and over, who are registered with a Lewisham GP.

With the awareness that people who identify as LGBTQ+ are more at risk of experiencing poor mental health and acknowledgement that various barriers exist, Lewisham Talking Therapies offer specific help and emotional support for this population. The service aims to offer a safe and non-judgemental therapeutic space. They offer a range of therapies depending on an individual's needs, such as guided self-help sessions with a therapist, computerised or 1-1 cognitive behavioural therapy and counselling. The service also currently run a wellbeing workshop targeted to people from the LGBTQ+ community and offer signposting to specialist services if needed.

The Lewisham IAPT service do collect data by sexual orientation and gender identity. This will be included at a later date.

#### [METRO Mental Health – Proud and Well](#)

Launched in May 2022, METRO now provide a new wellbeing service to support Lewisham LGBTQ+ residents. Provision includes one-to-one wellbeing sessions and bi-monthly activities such as walking groups and book clubs. The service is available to anyone aged 18+, who is living, working or studying in Lewisham.

Feedback from the service includes issues with service users being able to get GP appointments, waiting times for people wanting to have any treatment for gender identity and service users with mental ill health, for whom services were not meeting their needs. Administrative issues such as long delays in getting medical related Freedom Passes were also discussed, leading to isolation of service users. This was coupled in increases in anxiety amongst services users since COVID-19. The service also felt that COVID-19 and related lockdowns, as well as the more recent Cost of Living Crisis had disproportionately impacted service users as they are less likely to have family support or contact. There was also specific discussion about recent press attention on people from the Trans community which was particularly affecting service users including increases in hate crime. METRO will share their service user data shortly.

METRO also offers counselling sessions for both adults (low cost) and for youth people (free), aged 8-18.

### **Substance Misuse**

#### *Lewisham Data*

In Lewisham the main substance misuse service Core Adults and Integrated Offender Management (IOM) is provided by Change, Grow, Live (CGL). The Core Adults service delivers interventions for adults aged 18 years and over with complex needs including poly-drug use and dual diagnosis (with Mental Health conditions). It provides support, treatment and rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training. The service provides prescriptions for opioid substitute medications such as Methadone as well as managing the interface with health services including hospitals and pharmacies. The IOM service provides the interface with the Criminal Justice System and is funded via Mayor's Office for Policing and Crime (MOPAC).

CGL shared their service user profile data in relation to sexual orientation and gender identity to understand the interactions with LGBTQ+ population in Lewisham. The proportion of the service user population who stated their sexual orientation was other than Heterosexual ranged from 11% in 2018/19, down to 9% in 2022/23. This illustrates a slight over-representation compared to the total proportion of LGBTQ+ people in the overall 16+ population.

*Table 10: CGL Service Users by Sexual Orientation by Financial Year 2018/19 to 2022/23*

	2018/19	2019/20	2020/21	2021/22	2022/23
Heterosexual	579	521	534	703	614
Gay / Lesbian	26	24	29	34	25
Bi-Sexual	21	17	17	23	24
Other	25	16	14	13	11
Person asked and does not know or is not sure	0	0	0	<5	<5
Prefer not to say / not stated	147	224	238	260	183

(Source: CGL service data)

However, for gender identity, just 0.4% of all CGL service users who had shared this information stated that their gender was different to the sex they were assigned at birth. This is lower than the 2021 Census response.

*Table 11: CGL Service Users by Gender Identity - Is your gender identity the same as the sex you were assigned at birth? (Figures are totals from Financial Years 2018/19 - 2022/23 due to small numbers)*

	2018/19-2022/23
Yes	4,295
No	17
Prefer not to say / not stated	15

(Source: CGL service data)

#### *Primary Care Recovery Service (PCRS)*

PCRS is delivered by Blenheim Community Drugs Project (Blenheim CDP) and provides a recovery-orientated model offering support, advice and treatment options for people living in Lewisham whose drug and/or alcohol use is stable enough for them to receive services via General Practice. The service is delivered in partnership with GPs and pharmacists and includes opioid substitute therapy, nurse led community detoxification and a range of other psycho-social recovery interventions.

PCRS were also able to share their service user profile regarding sexual orientation. Proportions of service users identifying as LGBTQ+ were similar to CGL.

*Table 12: PCRS Service Users by Sexual Orientation by Financial Year 2018/19 to 2022/23*

	2019/20	2020/21	2021/22	2022/23
Bisexual	<5	11	7	11
Gay or Lesbian	<5	12	20	30
Heterosexual	48	177	245	372
Sexual orientation unknown	<5	<5	<5	18
Other sexual orientation	-	<5	<5	<5
Person asked and does not know or is not sure of sexual orientation	-	<5	<5	<5

#### Antidote

London wide service, Antidote is the UK's only LGB&T run and targeted drug and alcohol support service. Set up in 2002, they work with both drug and alcohol users and healthcare professionals. Providing non-judgemental free advice and support delivered by highly trained staff and volunteers - all of whom identify as LGB or T, and who have a good understanding of the pressures and problems that come with recreational drug or alcohol use.

Services include:

- One-to-one key working to address immediate drug and alcohol support needs
- Referral to detox clinics and prescribing centres
- Referral to our counselling service
- Drop-ins to discuss drug and alcohol issues, sexual health and steroid use issues
- A intensive structured weekend programme (SWAP)
- A telephone advice helpline
- Training and support for healthcare professionals

- Women workers are available across the service

## **Other services**

### Insights Lewisham

Insight Lewisham is a single integrated service providing brief education and psychosocial interventions for sexual health and substance misuse, plus specialist structured support for substance misuse. The overarching aim of this provision is to increase access to health services and to reduce health inequalities amongst young people, particularly those considered most at-risk, vulnerable and/or under-represented. The service can be accessed by young people aged 10-25 living, attending school or registered with a GP in Lewisham.

There are currently no specific sessions for LGBTQ+ young people. Sexual orientation and gender identity are asked within equality monitoring but can not yet be published as the service is relatively new.

The service is delivered across three service 'levels':

- Universal and open-access services
- Targeted outreach and co-location
- Specialist support and case management for substance misuse

### Schools

In March 2017, Government laid an amendment via the Children and Social Work Act (2017) to introduce compulsory relationships education in primary schools and compulsory relationships and sex education in secondary schools from September 2020. The legislation applies to all schools, including academies, free schools, faith schools and the independent sector. Statutory guidance for schools was published in 2018.

An online survey of Lewisham schools to understand what services they have in place to support LGBTQ+ pupils will take place in Spring 2023.

### Maternity Services

Lewisham's Maternity Service has recently been accredited 'Gold' by Pride in Practice, the first maternity service in the country to do so. Monitoring information included within a pregnant person's booking (first midwifery appointment) includes questions on both sexual orientation and gender identity. The workforce have also undertaken specific maternity training on confidence enforcing the zero tolerance policy and challenging homophobic, biphobia and transphobia language and behaviour.

Lewisham have also commissioned MIND to develop a peer support programme for new and expectant parents and co-parents that identify as LGBTQ+. This is based on the Mindful Mums model. The programme is currently being developed as a pilot, so outcomes are not yet available.

### Pride in Practice

Pride in Practice is a quality assurance support service that strengthens and develops Primary Care Services relationship with their LGBT patients within the local community. It is suitable for all Primary Care Services, including GP Practices, Dentists, Pharmacies and

Optometrists. The programme is run by the LGBT+ Foundation and endorsed by The Royal College of GP's.

As of February 2023 the majority Lewisham GP surgeries are Pride in Practice accredited. Involvement with the scheme includes:

- ongoing training support for health professionals
- offering direct support to patients
- co-developing LGBTQ+ inclusion plans with practices

Consideration is also being given to launch Pride in Practice for Healthy Living Pharmacies in Lewisham. In September 2019, Lewisham Council and joint Commissioner's received training from the LGBT Foundation on Trans Awareness and Co-production.

METRO also run a twice weekly young people's GP clinic service in partnership with North Lewisham Primary Care Network.

### TAGS

Trans and Gender non-conforming Swimming group meet weekly at Glass Mill Leisure Centre in Lewisham. The pool staff have received training by TAGS representatives to make sure that gender issues are treated sensitively, in order to make all members feel comfortable in attending the sessions, which take place every Friday evening. They also run befriending across the whole of London.

## Local Views

Service provider METRO hold regular Service User Forums as part of their commitment to participation, inclusion and engagement with service users. The latest forum was held in-person, in October 2022 and was attended by 22 people.

High level findings included:

- Cost of living issues affecting service users should be a support (and fundraising) priority this was further expanded that advice on immigration, welfare, digital inclusion, financial hardship and debt management, plus food poverty was needed
- Social isolation continues as an issue for service users
- Related to this was the emphasis on value from the social activities' element of the service offer
- METRO's multi-pronged offer could be communicated more coherently to improve access
- Request to further explore with service delivery staff and service users the demand for sub-groups of specific identities within services (e.g. women's group within LGBTQ+ drop-in)

Also in autumn 2022, METRO undertook a consultation exercise with frontline staff to better understand the impact of the cost-of-living crisis. Staff described noticing a change in demand for particular support. They also noted that certain populations who are affected from METRO's perspective, these included:

- Gay men living with HIV who are aged 50+ and live alone
- Young people and children facing socio-economic disadvantages, including LGBTQ+

Other findings included direct support and signposting related to the energy crisis taking up a disproportionate amount of frontline staff's time, eroding the time available for other critical advice, support and advocacy. There was also a significant rise in service users reporting food poverty.

## Initial Recommendations

### *Data Collection*

The release of 2021 Census data now gives local authorities and partners better understanding of the proportion of their population who identify as LGBTQ+. However, whilst there are good examples of appropriate recording, several services still do not collect relevant data from service users or include in consultation exercises. Furthermore, some services include this question in their equality monitoring forms but there will be high levels of not asked/not recorded responses which makes analysis incomplete. Better data collection is key to understanding levels of service use and whether people's experience of a service is impacted by either their sexual orientation or gender identity.

### *Signposting*

Where LGBTQ+ specific services are run, a repeated theme is the importance of signposting to other relevant services or places that can offer help with wider support, for example housing, employment and money management. Having LGBTQ+ affirmative staff and training was identified both by staff and services users as extremely important.

### *Engagement*

National research and feedback from METRO's service user forums found inequalities with access to and within services used by those who identify as LGBTQ+. Wider consultation with LGBTQ+ service users for all services would benefit this population.

### *Training*

A key example of the benefits of training was the much higher rates of LGBTQ+ service user satisfaction for those using a GP whose practice was 'Pride in Practice' accredited. Furthering training opportunities and encouraging expansion to the Pride in Practice programme would help anyone who identifies as LGBTQ+ and is registered with a Lewisham GP to have a more positive experience.

### *Conclusions*

There is a wealth of evidence that the LGBTQ+ population experience a disproportionate burden of ill-health. With the recently released 2021 Census data, local areas can more accurately understand the size of their population who identify as LGBTQ+. Given this baseline there is now opportunity to further understand whether services are meeting the unique needs of this population. Further work with local LGBTQ+ residents and service users is needed to better understand the most effective ways of doing this.